

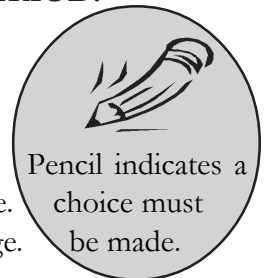
# State of Montana



## 2008 New Employee Insurance Benefits

**THE INITIAL ENROLLMENT PERIOD IS THE FIRST 31 DAYS OF EMPLOYMENT.  
DECISIONS BELOW MUST BE MADE DURING THIS TIME PERIOD.**

- ✓ Choose a Medical Plan.
- ✓ Decide if you want dependents on your medical/dental plans.
- ✓ Decide if you want to purchase Vision coverage.
- ✓ Decide if you want to purchase additional Term Life coverage.
- ✓ Decide if you want to purchase Long Term Disability coverage.
- ✓ Decide if you want to enroll in Flexible Spending account(s).
- ✓ Decide if you want to purchase Accident Death & Dismemberment coverage.
- ✓ Decide if you want to purchase Long Term Care coverage.



**After the initial 31 day enrollment period, there are certain restrictions that apply when:**

- Adding or dropping dependents
- Purchasing optional benefits

Department of Administration • Health Care and Benefits Division

PO Box 200127 • Helena MT • 59620-0127

1-800-287-8266 or 444-7462 in Helena

[www.benefits.mt.gov](http://www.benefits.mt.gov)

# Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** You can choose to have your coverage effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Division. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means the insurance is not purchased, but rather, the State and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise healthcare consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

## Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$590 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the **“Core Benefits”**:

- One of the medical plans outlined in this book (includes prescription coverage)
- The Dental Plan
- Basic Life Insurance (\$14,000)

There are **add on benefits** you may choose in addition to the above core benefits:

- Medical and/or Dental Coverage for dependents
- Vision Coverage
- Additional Life Insurance for you and/or your dependents
- Long Term Disability (LTD) Coverage
- Accidental Death & Disability (AD&D) Coverage
- Flexible Spending Accounts for Medical and/or Dependent Care
- Long Term Care Insurance

## HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical, Dental, Vision insurance, and the Pre-tax Plan complete the **2008 State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance, AD&D, and LTD complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **2008 Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance, complete the **Long Term Care Enrollment Form**

### Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the **WAIVER of Coverage** box located toward the top of the **2008 Employee Group Benefits Plan Enrollment/Change Form.**

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# GLOSSARY

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## Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

## Benefit/Plan year

The period starting January 1 and ending December 31 of each year.

## Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

## Coinsurance

A percentage of allowable and covered charges a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

## Copayment

A fixed dollar amount for allowable and covered charges a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

## Covered charges

Charges for medical services determined to be medically necessary and are eligible for payment under a medical insurance plan.

## Deductible

A set dollar amount member and family must pay before the medical plan begins to share the costs.

## Formulary

A list of prescription drugs preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs. The formulary listing can be found on the Health care and Benefits website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

## In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

## Joint Core

An option available when both spouses are eligible state employees and cover eligible dependents. Spouses and children have only one family deductible, one family out-of-pocket maximum, and may experience a slightly lower premium than enrolling separately.

## Managed care medical plans

Plans that offer first dollar coverage for services such as office visits which are exempt from deductible. These plans provide differing levels of benefits for in-network and out-of-network providers.

## Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

## Out-of-network provider

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

## Out-of-pocket maximum

The maximum dollar amount of any coinsurance a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

## Participating provider

A provider who has a contract with the plan administrator to accept allowable charges as payment in full.

## Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered.

# MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

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## STATE CONTRIBUTION FOR 2008

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EMPLOYEES \$ 590.00 (a)

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## CORE BENEFITS

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MEDICAL PLAN (See rates on page 6)

CHOOSE ONE 

[	Traditional:	\$ _____	(b)
	Blue Choice:	\$ _____	(b)
	New West:	\$ _____	(b)
	Peak Health:	\$ _____	(b)

DENTAL PLAN (See rates on page 16) \$ \_\_\_\_\_ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 18) \$ 1.90 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ \_\_\_\_\_ (e)

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## OPTIONAL BENEFITS

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FLEXIBLE SPENDING ACCOUNTS (Page 23) Medical FSA \$ \_\_\_\_\_ (g)  
Dependent Care FSA \$ \_\_\_\_\_ (h)  
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ \_\_\_\_\_ (i)

VISION PLAN (See Rates on Page 17) \$ \_\_\_\_\_ (j)

LIFE INSURANCE (See rates on page 18) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ \_\_\_\_\_ (k)  
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (l)  
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ \_\_\_\_\_ (m)  
Accidental Death & Dismemberment (\$.02 or \$.03 (with dependents) x every \$1,000 of coverage) \$ \_\_\_\_\_ (n)

LONG TERM DISABILITY (See Rates on Page 19) \$ \_\_\_\_\_ (o)

LONG TERM CARE (See Rates on Pages 27 & 28) \$ \_\_\_\_\_ (p)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n, o and p = \$ \_\_\_\_\_ (q)

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## TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2008 BENEFITS

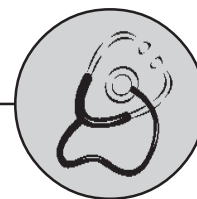
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CORE BENEFITS	Enter amount from line e	\$ _____ (r)
OPTIONAL BENEFITS	Enter amount from line q	\$ _____ (s)
TOTAL BENEFITS	Add lines r and s	\$ _____ (t)
STATE CONTRIBUTION	Amount from line a	\$ <u>590.00</u> (u)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2008 BENEFITS	Subtract line u from t	\$ _____

# ANNUAL SCHEDULE OF BENEFITS

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## MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315  
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2200  
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325  
www.healthinonetmt.com

## MEDICAL RATES

Monthly Premiums	Traditional	Blue Choice	Peak	New West
Employee	\$557	\$466	\$524	\$444
Employee & spouse	\$762	\$630	\$722	\$618
Employee & children	\$662	\$550	\$630	\$538
Employee & family	\$776	\$642	\$734	\$628
Joint Core	\$598	\$498	\$570	\$488

## MEDICAL PLAN COSTS

### Annual Deductible

*(Applies to all services, unless otherwise noted or a co-payment is indicated)*

### Coinsurance Percentages (% of allowed charges that the member pays)

#### General

Preferred Facility Services *(See page 35 & 36 for a list of preferred facilities)*

Nonpreferred Facility Services *(See page 35 for a list of non-preferred facilities)*

### Annual Out-of-Pocket Maximums\*

*(Maximum coinsurance paid in the year; excludes deductibles and copayments)*

You pay deductible and coinsurance on allowable charges (see glossary on page 4).

## MEDICAL PLAN SERVICES/COSTS

### Hospital inpatient Services\*

**\*Pre-certification of non-emergency hospitalization is strongly recommended & required by some plans - see plan descriptions**

#### Room Charges

#### Ancillary Services\*

#### Surgical Services\*

### Hospital Outpatient and Surgical Center Services\*

# BENEFIT YEAR 2008

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## MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable per person, per lifetime on the Plan. The amounts shown below are the amounts that the plan would pay per individual.

Traditional Plan: \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$2,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

TRADITIONAL PLAN		MANAGED CARE BENEFIT PLANS			
Administered by BCBS of MT		BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan			
Benefits		In-Network	Benefits	Out-of-Network	Benefits
\$550/Member \$1,650/Family			\$400/Member \$800/Family	Separate	\$500/Member Separate \$1,000/Family
25% 20% 35%			25%		35%
Average of \$2,500/Member <i>(20% - 35% of \$10,000 in allowable charges)</i>  Average of \$5,000/Family <i>(20% - 35% of \$20,000 in allowable charges)</i>			\$2,000/Member \$4,000/Family	Separate	\$2,000/Member Separate \$4,000/Family
Member	Coinsurance:	Member	Coinsurance/Copayment:	Member	Coinsurance:
	20% - 35%		25%		35%
	20% - 35%		25%		35%
	20% - 35%		25%		35%
	20% - 35%		25%		35%
	20% - 35%		25%		35%

# ANNUAL SCHEDULE OF BENEFITS

## MEDICAL PLAN SERVICES/COSTS

### Physician/Professional Services (not listed elsewhere)

Office Visits

Inpatient Physician Services\*

Lab/Ancillary/Miscellaneous Charges\*

### Emergency Services

Ambulance Services for Medical Emergency

Emergency Room (*If there is an emergency admission, see plan description for authorizing follow up care*)

Hospital Charges

Professional/Ancillary Charges

### Urgent Care Services

Facility/Professional Charges

Ancillary - Lab & Diagnostic Charges

### Maternity Services

Hospital Charges\*

Physician Charges (including delivery, pre and post-natal office visits) and lab charges\*

Ultrasounds\*

### Routine Newborn Care

Inpatient Hospital Charges

### Preventive Services (see plan descriptions for what services are covered and when)

#### Adult Exams and Tests

Mammogram, gyno exam and pap, proctoscopic  
and colonoscopic exams, PSA tests, bone density tests

Adult Immunizations (such as Pneumonia and Flu)

Allergy Shots

Child Checkups and Immunizations

### Mental Health Services

Inpatient Services\*

**Max:** One inpatient day may be exchanged for two partial hospital days.

#### Outpatient Services

With EAP counselor referral

With NO EAP counselor referral



# BENEFIT YEAR 2008

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
25% (no deductible for first two non-routine office visits)	\$15/visit (covers professional charges only)	35%
25%	25%	35%
25%	25% (no deductible on injectibles without an office visit)	35%
25%	\$100 copay	\$100 copay
20%-35%	\$75/visit for facility charges only (waived if inpatient hospital or out- patient surgery coinsurance applies)	\$75/visit for facility charges only (waived if inpatient hospital or out- patient surgery coinsurance applies)
25%	25%	25%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	0% if member enrolls in prenatal program in first trimester of pregnancy; 25% without timely enrollment	35%
25%	25% (waived on first ultrasound if member enrolls in prenatal program as described above)	35%
20% - 35% (no deductible)	25% (no deductible)	35%
25% (no deductible) <b>Max:</b> 2 bone density tests/lifetime <b>Max:</b> \$500 for colonoscopy, sigmoidoscopy, or proctoscopy	\$15/visit (including specified labs) \$0 (no deductible) for periodic mammograms 25% for periodic bone density scans, EKG sigmoidoscopies, double contrast barium, enemas, proctoscopies, & colonoscopies	35% (plan pays \$75.00 toward mammograms - no deductible)
\$50 Max (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible)	\$15 with office visit 25% (no deductible) without office visit	35%
25% (no deductible) 0% (no deductible for County Health Department through age 7)	\$15/visit <b>Max:</b> Schedule recommended by US Department of Health & Human Services	35%
20% - 35% Max: 21 days (No max for severe conditions):	25% Max: 21 days (No max for severe conditions)	35% Max: 21 days (No max for severe conditions)
25% <b>Max:</b> 40 visits/yr (No max for severe conditions)	\$15/visit <b>Max:</b> 30 visits/yr (No max for severe conditions)	35% <b>Max:</b> 30 visits/yr (No max for severe conditions)
50% <b>Max:</b> 20 visits/yr (No max for severe conditions)	\$15/visit/yr <b>Max:</b> 30 visits (No max for severe conditions)	35% <b>Max:</b> 30 visits/yr (No max for severe conditions)

# ANNUAL SCHEDULE OF BENEFITS

## MEDICAL PLAN SERVICES/COSTS

### Chemical Dependency Services

#### Inpatient Services\*

*(Inpatient services must be certified. Pre-certification is strongly recommended.)*

#### Outpatient Services\*

With EAP counselor referral

With NO EAP counselor referral

\*\*Dollar max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year after max is met.

### Rehabilitative Services - Physical, Occupational, Cardiac, Pulmonary, and Speech Therapy\*

#### Inpatient Services\*

#### Outpatient Services

### Alternative Health Care Services

#### Acupuncture

#### Naturopathic

#### Chiropractic

### Extended Care Services

#### Home Health Care\*

#### Hospice\*

#### Skilled Nursing\*

### Miscellaneous Services

#### Disease Process Education & Dietary/Nutritional Counseling

#### Durable Medical Equipment, Appliances, and Orthotics *(Prior authorization required for amounts >\$1,000)*

#### PKU Supplies

#### Obesity Management\* *(All plans require prior authorization)*

#### TMJ Treatment\* *(All plans require prior authorization)*

#### Infertility Treatment\* *(All plans require prior authorization)*

#### Bariatric Benefit\* *(Requires prior authorization)*

### Organ Transplants *(Must be certified. Pre-certification is strongly recommended.)*

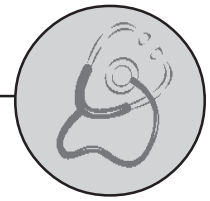
#### Transplant Services (including out-of-state travel)\*

#### **Lifetime Maximums:**

# BENEFIT YEAR 2008

TRADITIONAL PLAN	MANAGED CARE IN-NETWORK	MANAGED CARE OUT-OF-NETWORK
20% - 35% <b>Max:</b> Dollar Limit**	25% <b>Max:</b> Dollar Limit**	35% <b>Max:</b> Dollar Limit**
25% <b>Max:</b> 40 visits and Dollar Limit**	\$15/visit <b>Max:</b> Dollar Limit**	35% <b>Max:</b> Dollar Limit**
50% <b>Max:</b> 20 visits and Dollar Limit**	\$15/visit <b>Max:</b> Dollar Limit**	35% <b>Max:</b> Dollar Limit**
20% - 35% <b>Max:</b> 60 days/yr	25% <b>Max:</b> 60 days/yr	35% <b>Max:</b> 60 days/yr
20% - 35% <b>Max:</b> \$2,000/yr for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit <b>Max:</b> 30 visits/yr	35% <b>Max:</b> 30 visits/yr
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) <b>Max:</b> 25 visits in any combination	\$15/visit <b>Max:</b> 20 visits/yr	35% <b>Max:</b> 20 visits/yr
25% <b>Max:</b> 70 days/yr	\$15/visit <b>Max:</b> 30 visits/yr	35% <b>Max:</b> 30 visits/yr
25% (20%-35% if hospital-based) <b>Max:</b> 6 months	25% <b>Max:</b> 6 months	35% <b>Max:</b> 6 months
25% (20%-35% if hospital-based) <b>Max:</b> 70 days/yr	25% <b>Max:</b> 30 days/yr	35% <b>Max:</b> 30 days/yr
20% - 35% <b>Max:</b> \$250/yr	0% (no deductible) <b>Max:</b> \$250/yr	35% <b>Max:</b> \$250/yr
25% <b>Max:</b> \$100 for foot orthotics(per foot)	25% (Not applied to out-of-pocket max) <b>Max:</b> \$100 for foot orthotics (per foot)	35% (not applied to out-of-pocket max) <b>Max:</b> \$100 for foot orthotics (per foot)
25%	25% (no deductible)	35%
25%	25% non-surgical only	Not covered
25%	25% surgical only	Not covered
25% 1 in-vitro attempt per lifetime	25% <b>Max:</b> 3 artificial inseminations/lifetime	Not covered
25% <b>Lifetime Max:</b> \$35,000	Not covered	Not covered
25%	25%	Not covered
<ul style="list-style-type: none"> <li>• Liver: \$200,000</li> <li>• Heart: \$120,000</li> <li>• Lung: \$160,000</li> <li>• Heart/Lung: \$160,000</li> <li>• Bone Marrow: \$160,000</li> <li>• Pancreas: \$68,000</li> <li>• Cornea/Kidney: No maximum</li> </ul>	\$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	

# MEDICAL INSURANCE PLANS - 2008



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • [www.bluecrossmontana.com](http://www.bluecrossmontana.com)

New West Health Plan • 1-800-290-3657 or 457-2200 • [www.newwesthealth.com](http://www.newwesthealth.com)

Peak Health • 1-866-368-7325 • [www.healthinfonetmt.com](http://www.healthinfonetmt.com)

## WHO IS ELIGIBLE?

Employees, spouses, domestic partners, and children are eligible for the Medical Insurance Plan.

Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of a marriage, or court-ordered custody/legal guardianship);
- within 63 days after the automatic 31-day coverage (94 days) for births and adoptions.
- within 63 days of losing eligibility (not cancellation) for other group coverage;



### CLICK ON IT!

Learn more about your insurance administrator's customer service by visiting their web site at:

[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

[www.newwesthealth.com](http://www.newwesthealth.com)

[www.healthinfonetmt.com](http://www.healthinfonetmt.com)

- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

## INSTRUCTIONS

1. Read about each plan in the General Information section on this page.
2. Review and compare each plans' costs and services in the Annual Schedule of Benefits, starting on page 6.
3. Review your typical health care needs.
4. If you are considering a managed care plan, review the Managed Care Areas section on pages 32 through 34.
5. Determine which plan will work best for your family. Make your selection by completing the *2008 Employee Group Benefits Enrollment/Change form*.

2008 Employee Group Benefits Enrollment/Change Form



## GENERAL INFORMATION

The State of Montana offers an indemnity insurance plan and three managed care plans to choose from:

- **Traditional Indemnity Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

### TRADITIONAL PLAN

The Traditional Indemnity plan is administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service and notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network — providers who have agreed to accept certain plan allowances.

#### How The Plan Works

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment. **Please verify a provider is currently participating by calling BCBS or checking their website.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay.

#### Preferred Facility Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals and surgical centers offer services for members on the Traditional plan that are subject to lower coinsurance rates. Please refer to the Participating Facilities section on page 35 for a list of these facilities. For your protection, it is strongly recommended you pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

#### Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the

member will not be responsible for balances above the allowable amount.

### MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and participating providers.

#### How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral/authorization is obtained).

#### In-Network Benefits

Anytime a network provider is used whether the provider is a general practitioner, internist, or specialist, the in-network (highest level of benefit) is applied.

Check the plan's website for a complete listing of all in-network providers.

A referral/authorization is not required for in-network specialists. Referrals/authorizations are required to see an out-of-network specialist to receive the in-network level of benefits.

#### Out-of-Network Benefits

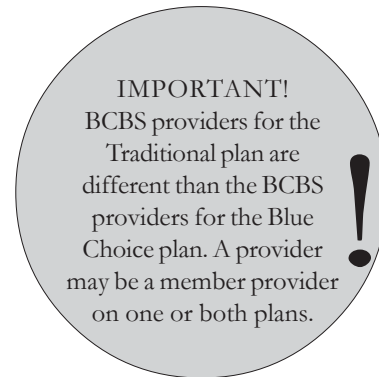
When plan members obtain services from providers who are not part of the plan's network, with no required referral/authorization, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

#### Out-of-State Services

Plan members may receive in-network benefits for medical services in other states for a medical emergency. For non-emergency services out-of-state, please contact your plan administrator for specific provider network information.

## SERVICE AREAS

The Traditional Plan is available to members living anywhere in Montana or throughout the world. The plan includes services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.



The managed care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are available to members living in certain areas in Montana. Please see pages 32-34 for a complete listing of covered zip codes for each plan.

#### Blue Choice

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, and Havre.

#### New West Health Plan

This plan is available in most of Western Montana and many other towns including Bozeman, Billings, Great Falls, Havre, Libby, and Miles City.

#### Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, and nearby communities.

## MEDICAL PLAN COST COMPARISONS

This cost comparison shows how each medical plan would process the same service and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

Sample Services	TRADITIONAL		MANAGED CARE PLANS	
	Allowable Charge		In-Network	Out-of-Network
<b>Office visits 1, 2, &amp; 3 (\$50 each)</b>	<b>\$150</b>	<b>You pay ➡ \$75</b>	<b>\$45</b>	<b>\$150</b>
Copay costs			\$45 (\$15/each)	
Costs applied to deductible		\$50*		\$150
Coinsurance costs		\$25		
<b>Lab charges with office visit 1</b>	<b>\$75</b>	<b>You pay ➡ \$75</b>	<b>\$75</b>	<b>\$75</b>
Copay costs				
Costs applied to deductible		\$75	\$75	\$75
Coinsurance costs				
<b>Specialist Visit (i.e. dermatologist)</b>	<b>\$200</b>	<b>You pay ➡ \$200</b>	<b>\$15</b>	<b>\$200</b>
Copay costs			\$15	
Costs applied to deductible		\$200		\$200
Coinsurance costs				
<b>Preferred hospital inpatient</b>	<b>\$8,500</b>	<b>You pay ➡ \$1,880</b>	<b>\$2,368.75</b>	<b>\$3,023.75</b>
Copay costs				
Costs applied to deductible		\$225	\$325	\$75
Coinsurance costs		\$1,655	\$2,043.75	\$2,948.75
OR				
<b>Nonpreferred hospital inpatient</b>	<b>\$8,500</b>	<b>You pay ➡ \$3,121.25</b>	<b>N/A</b>	<b>N/A</b>
Copay costs				
Costs applied to deductible		\$225		
Coinsurance costs		\$2,896.25		

\*First two office visits are exempt from the deductible for this comparison.



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# DEPENDENT ELIGIBILITY INFORMATION

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Administered by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov](http://www.benefits.mt.gov)

## 2008 PLAN YEAR

### DEFINITION OF ELIGIBLE DEPENDENTS

Eligible dependents include:

1. The eligible employee's lawful spouse or declared domestic partner. Declaration of Domestic Partnership forms may be found on the Health Care and Benefits Division website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

2. The eligible employee's dependent children who are under age 25, unmarried, and not in full-time active military service.

It is the responsibility of the member to remove any dependents who cease to be eligible. Failure to do so will result in the member being held responsible for repayment of any claims dollars paid out for ineligible dependents. **Complete plan rules are defined in the Summary Plan Document (available on-line at [www.benefits.mt.gov](http://www.benefits.mt.gov)).**

### DEPENDENT CHANGES AFTER NEW HIRE ENROLLMENT

After the initial enrollment period for a new employee (31 days from hire date), dependent coverage enrollment is only allowed during these circumstances (referred to as qualifying events):

- within 63 days of becoming a dependent (through marriage, or court-ordered support/custody/legal guardianship);
- within 63 days of losing eligibility (not cancellation) for other group coverage;
- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.
- within 63 days after the 31-day automatic coverage period (94 days from birth) after birth or adoption.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.

If you have questions regarding your specific situation, please call us at the number above or check out the plan rules described in the Summary Plan Document available on-line at [www.benefits.mt.gov](http://www.benefits.mt.gov).

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## WORKING FAMILIES TAX RELIEF ACT (WFTRA)

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### WFTRA DEFINED

The Working Families Tax Relief Act is an IRS regulation that requires employees who cover dependents on their medical, dental, or vision coverage certify the tax status of each dependent. This certification is done at the time of enrollment included on the *2008 Group Benefits Enrollment / Change* form.

### WHO IS AFFECTED

All employees who cover dependents on medical, dental, or vision coverage.

### REQUIRED DOCUMENTATION

New employees who decide to elect coverage for dependents must complete the section of the *2008 Group Enrollment / Change* form indicating whether each dependent (spouse, domestic partner, children) is or is not qualified for tax purposes.

**This information must be completed and returned to the Health Care and Benefits Division along with your other election forms within 31 days of hire for the appropriate tax application of benefits.**

### COMPLETING THE FORM

To assist in completing this form, flow charts (spouse, child, domestic partner) outlining the IRS rules applicable to each of your dependents are also provided for you with this packet.

### TAX CONSEQUENCES

If you return the form indicating that all your dependents are tax qualified, your premiums are eligible for a pre-tax deduction.

If you return the form indicating that all or some of your dependents are NOT tax qualified, premium contributions for those persons cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana

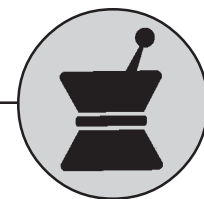
(*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income.

If the form does not include the tax status information, premium contributions for dependents cannot be taken on a pre-tax basis and the fair market value of the benefits provided by the State of Montana (*i.e.*, those benefits funded through the state share) for these persons will be added to your taxable income until such time as the return of the form indicates otherwise. In this case, changes can only be made prospectively.

### TAX STATUS CHANGES

If the tax status of your dependent changes after your initial enrollment, please contact the Health Care & Benefits Division to obtain a form to make the appropriate change.

# PRESCRIPTION DRUG PLAN - 2008



Administered by Caremark • 1-888-347-5329 • [www.pharmacare.com](http://www.pharmacare.com)

Retail Pharmacy Deductible  
\$100/Member  
\$300/Family

Mail-Order Deductible  
\$0/Member  
\$0/Family

Out-of-Pocket Maximums  
Each Prescription \$250  
Each Member \$1,400/year  
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail-Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$25 If Rx cost is \$25+	• Actual pharmacy charges • 20% coinsurance (\$25 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$40 If Rx cost is \$40+	• Actual pharmacy charges • 40% coinsurance (\$40 minimum)	• \$60 copay + 40% of cost over \$400*

\* For prescriptions costing more than \$400 for a 90-day supply, call Caremark to determine the total out-of-pocket cost.

## GENERAL INFORMATION

### INSTRUCTIONS

No separate enrollment is required.

### WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all enrolled State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

### PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

### Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the Caremark Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 29-31 of this booklet or on the Caremark website at [www.pharmacare.com](http://www.pharmacare.com).

Formulary drug listings can be found at the Caremark website or on the Health Care and Benefits website at [www.benefits.mt.gov](http://www.benefits.mt.gov).

**Note:**  
The deductible does not apply to prescriptions received from one of the mail order pharmacies!

### Mail-Order Pharmacies

You may obtain up to a 90-day supply of covered maintenance prescriptions (i.e. diabetic, cholesterol & blood pressure lowering medications) with **no deductible**.

Mail-order pharmacies are: Caremark Mail Services Pharmacy (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at the Health Care and Benefits Division website at [www.benefits.mt.gov](http://www.benefits.mt.gov) or at the Caremark website.

### PRESCRIPTION COSTS

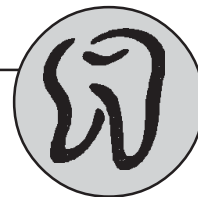
Please refer to the chart above for information on prescription drug costs.

### PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact Caremark at 1-888-347-5329 to inquire if this may apply to your prescription.

# DENTAL PLAN - 2008

Administered by Blue Cross/Blue Shield of Montana  
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com



Deductible  
\$50/Member  
\$150/Family

Monthly Premiums	
Employee only	\$31.00
Employee and spouse	\$47.50
Employee and children	\$46.00
Employee and family	\$53.20
Joint Core	\$36.00

2008 Group Benefits  
Enrollment/Change  
Form



Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> <li>• One full-mouth X-ray or series in any 36-month period.</li> <li>• One set of supplementary bitewing X-rays in any 180-day period.</li> <li>• Two exams and/or cleanings in any benefit year. (Fluoride application covered through age 16.)</li> <li>• No deductible or yearly dollar maximum apply.</li> </ul>
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type C) deductible</li> <li>• Subject to \$1,200 combined (with type C) yearly maximum</li> </ul>
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> <li>• Subject to \$50 combined (with type B) deductible</li> <li>• Subject to \$1,200 combined (with type B) yearly maximum</li> <li>• Replacement crowns and dentures are limited to once every five years.</li> <li>• Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.</li> </ul>

\*\*Of allowable charges.

## GENERAL INFORMATION

### INSTRUCTIONS

1. Read about the Dental Plan on this page.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing the *2008 Group Benefits Enrollment/Change Form*.

### WHO IS ELIGIBLE?

Employees are required to elect dental insurance unless they waive the benefit package. Members also choose which dependents (spouses, domestic partners, children) to cover within 31 days of date of hire or within 63 days of a qualifying event such as marriage, birth, or adoption.

Dental plan benefits are paid differently depending on the type of service received.

There is a \$50 per member, \$150 family deductible for Type B & C services only. The deductible does not apply to Type A preventive services.

Each member and dependent has a maximum yearly benefit of \$1,200 for Type B & C services only.

If you use a Blue Cross Blue Shield participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

### TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges for Type A Services (not subject to deductible or yearly maximum):

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and two sets of supplementary bitewing X-rays per benefit year.

2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 16 years of age, but *not more than two examinations and/or applications in any benefit year*.

3. Unscheduled minor emergency treatment to relieve pain.

### TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics
7. Oral surgery

### TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$1,500 per person, per lifetime for Dental Implants while under the plan. Maximum separate from yearly maximum.
6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.



# VISION PLAN - 2008

Administered by EyeMed Vision Care underwritten by Fidelity Security Life Insurance Co.  
 1-866-723-0513 Fax: 1-866-293-7373  
[www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) (prior to enrolling)  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrolling)

Monthly Premiums	
Member only	\$ 7.64
Member and spouse	\$14.42
Member and children	\$15.18
Member and family	\$22.26

## 2008 Group Benefits Enrollment/Change Form



Covered Services	Frequency	Coverage from an EyeMed Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	\$45 allowance
Frames	24 months	\$125 allowance with 20% discount > \$125	\$47 allowance
Standard Lenses (plastic single vision, bifocal & trifocal)	12 months	\$20 copay	\$45 allowance - single vision \$55 allowance - bifocal \$65 allowance - trifocal
UV coating		\$15 copay	N/A
Tint (solid and gradient)		\$15 copay	N/A
Scratch Resistance (standard)		\$15 copay	N/A
Polycarbonate		\$40 copay	N/A
Anti-Reflective Coating (standard)		\$45 copay	N/A
Progressive Lens		\$65 copay	N/A
Other Add-ons and Services		20% off retail price	N/A
Contact Lenses (if used instead of glass lenses)	12 months	\$125 allowance	\$80 allowance
Medically Necessary Contacts*		Paid in full	\$200 allowance

\*Contact lenses that are required to treat medical or abnormal visual conditions, including but not limited to eye surgery (i.e. cataract removal), visual perception in the better eye that cannot be corrected to 20/70 through the use of eyeglasses, and certain corneal or other eye diseases.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, spouses, domestic partners and children are eligible if you elect this coverage within initial enrollment period.

### INSTRUCTIONS

Review the premiums found above and complete the appropriate sections of the *2008 Group Benefits Enrollment/Change Form*.

#### Using Your EyeMed Benefit

Quality vision care is important to your eye wellness and overall health care. Accessing your EyeMed Vision Care benefit is easy. Simply locate a participating provider, schedule an appointment, present your ID card at the time of service, and the provider will take care of the rest.

#### Locating your Doctor

Check the online provider locator at [www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) for a listing of providers near your zip code.

Once enrolled, visit [www.emvc.com](http://www.emvc.com) to view coverage and eligibility status.

#### Value Added Discounts

Members will receive a 20% discount on items not covered by the plan at Network Providers, which may not be combined with any other discounts or promotional offers, and the discount **does not apply** to EyeMed Provider's professional services, or contact lenses.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA vision. Since these are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization please call 1-877-5LASER6.

Members receive a 40% discount off complete pair of eyeglasses purchased and an additional 15% discount off conventional contact lenses once the funded benefit has been used.

After initial purchase, replacement

contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

#### Out-Of-Network Providers

Once enrolled, members can access their out-of-network benefit by:

1) Downloading an Out-of-Network Claim Form from the EyeMed Vision Care website, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or by calling the Customer Care Center. Forms can be completed on-line and attached to an e-mail to [oonclaims@eyemedvisioncare.com](mailto:oonclaims@eyemedvisioncare.com).

2) Make an appointment with an out-of-network provider you trust as your choice vision care provider.

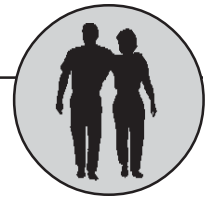
3) Pay for all services at the point of care and receive an itemized receipt from the provider office.

4) Complete the out-of-network claim form and submit (via mail, e-mail, or fax) along with receipts to EyeMed Vision Care's claims department for direct reimbursement.

# LIFE INSURANCE PLAN - 2008

Administered by Standard Insurance Company  
For information, call the Health Care and Benefits Division  
1-800-287-8266 or 444-7462

## Life Insurance Enrollment/Change Form



### Monthly Premiums

Plan A: Basic Life (\$14,000)	\$1.90
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.020/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.030/\$1,000 of coverage

Age Rates  
*Based on employee's age  
the last day of month*

<30 ...	\$0.03
<35 ...	\$0.05
<40 ...	\$0.08
<45 ...	\$0.10
<50 ...	\$0.15
<55 ...	\$0.23
<60 ...	\$0.43
<65 ...	\$0.66
65+ ...	\$0.98

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all eligible employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) are available for employee, spouse, domestic partner, and dependents.

### INSTRUCTIONS

1. Read about the various plans on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

### LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

### CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans are term life, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65

or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

#### Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for state employees.

#### Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for a spouse and \$1,000 of coverage for each dependent child.

#### Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

**New employees who elect this optional coverage during their initial enrollment period, in the amount of their annual salary, are guaranteed coverage.**

Additional amounts are available in \$5,000 increments, up to \$500,000. These additional amounts require evidence of insurability to be submitted and approved.

#### Plan D – Optional Spouse Life

This plan offers insurance on your

spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse or domestic partner to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

#### Plan E – Optional Accidental Death & Dismemberment

This plan is available without evidence of insurability.

**Employee Only:** Coverage is available between a minimum of \$25,000 and a maximum of \$500,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

**Employee and Dependents:** The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

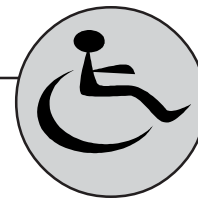


**IMPORTANT!**  
Optional Employee Life Insurance is available up to your annual salary without medical approval if requested within 31 days of hire.

# LONG TERM DISABILITY INSURANCE - 2008

Administered by Standard Insurance Company  
For information, call the Health Care and Benefits Division • 1-800-287-8266 or 444-7462  
www.benefits.mt.gov

Life Insurance  
Enrollment/Change  
Form



## Monthly Premiums

\$22.52 per member - Guaranteed enrollment if elected during your first 31 days of employment!

## GENERAL INFORMATION

Voluntary Long Term Disability (LTD) is insurance designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need.

### WHO IS ELIGIBLE?

Long Term Disability (LTD) coverage is a voluntary benefit available to active employees (not including Legislators) who are enrolled in a medical plan.

### INSTRUCTIONS

1. Read about the plans on this page along with the LTD brochure (in this packet).
2. Evaluate your need for long term disability insurance.
3. Review each plan's costs above.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

### BENEFIT AMOUNT

The monthly LTD benefit is 60% of your insured predisability earnings, the amount you were earning before you became disabled, reduced by deductible income.

The LTD benefit amount is determined by multiplying your insured predisability earnings by the specified benefit percentage. This amount is then reduced by other income you receive or are eligible to receive while LTD benefits are payable. This other income is referred to as deductible income.

### BENEFIT DURATION

If you become disabled and your claim for LTD benefits is approved by The Standard, LTD benefits become payable after you have been continuously disabled for 180 days and remain continuously disabled. LTD benefits are not payable during this benefit waiting period.

If you become disabled before age 60, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 60 or older, the benefit duration is determined by your age when disability begins.

If you are age 60-64 when disability begins, your maximum benefit period is five years.

For ages 65-68, the maximum is to age 70.

For ages 69 and over, the maximum is one year.

### ADVANTAGES OF LTD COVERAGE

- It covers your inability to work in your own occupation for the first 24 months you are disabled, whereas, many other benefits require you to be totally disabled from all occupations.

- If you are disabled from all occupations after 24 months, benefits may continue until you reach age 65.

- It covers disabilities that occur 24 hours a day, both on and off the job.

- If your employer makes an approved work-site modification that enables you to return to work while disabled, the plan will reimburse your employer up to a pre-approved amount for some or all of the cost of the modifications.

- While LTD benefits are payable, you may qualify to participate in a rehabilitation plan that prepares you to return to work. If you qualify, the plan may pay for return to work expenses you incur, such as job search, training and education, and family care expenses.

- If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivor's benefit equal to three times your unreduced LTD benefit may be payable.

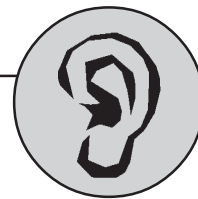
- If the group policy terminates, LTD benefits will continue as long as you are eligible to receive them.

### IMPORTANT!

Employees who choose to enroll during the first 31 days of employment in 2008 are not subject to evidence of insurability and are guaranteed enrollment.

# EMPLOYEE ASSISTANCE PROGRAM - 2008

Administered by Reliant Behavioral Health (RBH) • 1-866-750-0512  
www.ReliantBH.com - access code = State of Montana



Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal Consultations	• Free	• 1/2 hour consultation
Financial Consultations	• Free	• unlimited
Long-term Services		
Counseling	• 25% with RBH referral	• 40 outpatient visits
Psychiatric Services	• 25% with RBH referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with RBH referral	• 40 outpatient visits

\*Inpatient and Non-referred Services are covered in the Mental Health & Chemical Dependency sections of the Plan Summary.

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all State employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in or outside of your household.

### INSTRUCTIONS

No separate enrollment is required.

### THE BENEFITS

The EAP benefits provide a variety of services including confidential counseling, legal and financial services, access to the Personal Advantage website, and 24-hour, toll-free access to crisis counselors.

### CONFIDENTIAL COUNSELING

The EAP offers local, short-term counseling for a variety of issues including family, relationship, work stress, anxiety, grief, and other problems that may challenge you on a daily basis. You and your family members are eligible for up to four counseling sessions for each issue you encounter.

If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, RBH will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Traditional plan members will receive a better benefit for outpatient visits when they first obtain an RBH referral.

Managed care members do not need a referral to use RBH for short-term counseling needs. Please contact your plan

administrator to determine referral requirements prior to receiving long-term benefits.

By utilizing the services provided by RBH, at no direct cost to you, the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.



### LEGAL & FINANCIAL SERVICES

You have convenient access to legal and financial professionals by simply contacting the EAP.

Legal services include a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees. *Legal services are not provided for any employer related issues.*

Financial services provide unlimited phone access to financial professionals for assistance and appropriate referrals for a variety of issues such as debt counseling, budgeting, college planning, retirement planning, etc. Members who retain financial professionals receive a 25% discount for services.

### PERSONAL ADVANTAGE WEBSITE

The EAP includes a wellness focused website, Personal Advantage, where you can access self-care tools and up-to-date information on work stress, parenting, relationships, personal growth, health, and child & eldercare resources, along with more than 60 on-line trainings.

To log in to Personal Advantage

1. Go to [www.ReliantBH.com](http://www.ReliantBH.com)
2. Click on the Register button
3. Follow the instructions.

### 24-HOUR CRISIS HELP

Crisis counselors are available 24 hours a day, 365 days a year to assist you or a family member experiencing a crisis situation. To access, call 1-866-750-0512.

### PRENATAL PROGRAM

Health plan members have access to free prenatal program which includes risk assessments, educational information, referrals, and other resources to help achieve a healthier pregnancy.

If you enroll in a Managed Care plan and enroll in this program in your first trimester of pregnancy, your co-payments/coinsurance will be waived.

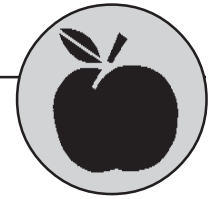
You can access the prenatal program by simply calling 1-866-750-0512.

### HEALTH COACHING

All State plan members and their adult dependents have access to free, confidential health coaching. This benefit offers individuals the opportunity to communicate with a friendly, experienced health coach at their own pace. To get started, call 1-866-750-0512.



# WELLNESS PROGRAMS - 2008



Sponsored by the Health Care and Benefits Division  
1-800-287-8266 or 444-7462 • [www.benefits.mt.gov/wellness.asp](http://www.benefits.mt.gov/wellness.asp)

2008 Programs	Cost	Benefits
Health Screenings	Free annually to member and dependents over 18	<ul style="list-style-type: none"> <li>• Confidential screenings for glucose, cholesterol, HDL, LDL, triglycerides</li> <li>• Blood pressure and body mass index</li> <li>• Optional health screening tests and flu shots when available</li> <li>• Information on risk reduction through life-style modifications</li> </ul>
Spring Fitness	Fee varies	<ul style="list-style-type: none"> <li>• Team program designed to get people <i>active</i></li> </ul>
<i>Why Weight</i>	Free	<ul style="list-style-type: none"> <li>• Helps qualified members get assistance from a health coach to reach weight loss goals.</li> </ul>
Weight Watchers		<ul style="list-style-type: none"> <li>• Helps pay for qualifying employees/dependents over 18 to join Weight Watchers and get fit with up to \$75 biennial reimbursement</li> </ul>
Lunch 'n' Learn Series	Free	<ul style="list-style-type: none"> <li>• This educational series offers healthy-living talks by local experts</li> </ul>
<i>Well on the Way</i>	Free	<ul style="list-style-type: none"> <li>• Assists qualified members to obtain health care services</li> </ul>

## GENERAL INFORMATION

The Wellness Program is designed to assist plan members in their effort to enhance their health. The program includes the following options:

### HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional screenings including PSA, TSH, CBC, Homocysteine, C-Reactive Protein, and flu shots when available.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Health screenings are offered free every year to the medical plan member, spouses, and children over age 18. **By participating in this FREE yearly screening, you save all the copayments or coinsurance that apply through your health plan.**

### SPRING FITNESS

This annual event helps you increase your physical activity and learn about proper nutrition and healthy life-styles. Watch for details about this fun program in the Spring of 2008.

### HUNTER FITNESS

If you are a hunter you will want to participate in this six week program to help you get in shape for a more enjoyable and safe hunting trip. A grand prize is awarded at the end of the program.

### WEIGHT WATCHERS

The Wellness Program will reimburse employees and/or dependents over 18 up to \$75/biennially if the following four criteria are met:

**#1 Weight** - Your beginning weight must be at least 10% over the maximum weight for your age (see Weight Watchers chart).

**#2 Attendance** - You must attend at least 75% of the classes offered.

**#3 Achievement** - You must achieve the 10% weight loss goal set in advance by the Weight Watchers instructor.

**#4 Exercise** - You must participate in some form of exercise three times per week and keep a journal of your exercise activities.

For more information on program qualifications and reimbursement instructions, call the Wellness Program.

### LUNCH 'N' LEARN SERIES

Throughout the year, free educational lunchtime talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered and suggestions are welcome for future programs. If you are located outside Helena and would like to request a Lunch 'n' Learn in your area, contact the Wellness Program.

### TELEBUDDY OF MONTANA

This program is designed to increase breast health awareness by promoting breast self exam, mammography, and clinical breast exams. Learn what is normal for you so you can detect any changes in your breasts. Do your monthly breast self exam and call a friend and remind her to do the same.

### WELL ON THE WAY

By completing a confidential questionnaire, you may qualify for this program designed to assist members with obtaining necessary health care services. Call the Wellness Program for more information.

### WHY WEIGHT

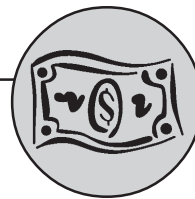
If you are ready to lose weight, have participated in the Health Screenings, and have a body mass index of 27 or higher, you can participate in this program. A health coach will assist you in setting and reaching your goals. Call RBH at 1-866-750-0512 for more information.

### NEWSLETTER

A newsletter updating you on benefits and wellness news is mailed to you four times a year. Make sure we have your current address so you don't miss out on articles, programs, and important benefits information.

# PRE-TAX PLAN - 2008

Administered by the State of Montana Health Care and Benefits Division  
1-800-287-8266 or 444-7462 in Helena • [www.benefits.mt.gov](http://www.benefits.mt.gov)



## 2008 Group Benefits Enrollment/Change Form



### Benefit of Participation Pre-tax Eligible

### Eligible Premiums

- Medical, dental, vision, accidental death & dismemberment coverage, up to \$50,000 in employee term life, and long term disability.

*\*IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Health Care and Benefits Division of any changes as soon as possible to avoid losing premiums.*

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Pre-tax Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Pre-tax Plan.

### INSTRUCTIONS

1. Read about the Pre-tax Plan in the General Information section on this page.
2. Decide if you want to participate in the Pre-tax Plan.
3. If you would like to participate, complete the Pre-tax Plan portion of the *2008 Group Benefits Enrollment/Change Form*.

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code.

The Pre-tax Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Pre-tax Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Pre-tax Plan.

### ELIGIBLE BENEFITS

Premiums for the member's medical, dental, vision, accidental death & dismemberment (AD&D), employee term life, and long term disability may be paid pre-tax through the Pre-tax Plan. Additionally, premiums for the member's tax qualified dependents are also eligible for this plan.

### INELIGIBLE BENEFITS

Dependent life insurance coverage, supplemental spouse life insurance coverage, and Long Term Care insurance coverage are defined by IRS code as taxable benefits and are excluded from the Pre-tax Plan. Member's non-qualified tax dependents do not qualify for the pre-tax plan.

Consult your tax advisor to determine the specific effect the pre-tax plan will have on your taxes.

### LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or are in full-time active military service. Dependents losing eligibility for coverage will become ineligible at the end of the month for which a partial or full premium has been paid.

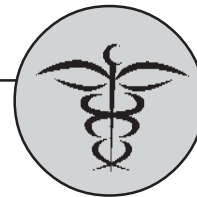
### WHAT'S THE CATCH?

According to an interpretation of IRS rules, a potential drawback of the Pre-tax

Plan is that no refund of overpaid premiums is available. This means you must notify the Health Care and Benefits Division right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the HCBD of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax deductions.

# FLEXIBLE SPENDING ACCOUNTS - 2008

Administered by ASI • 1-800-659-3035 • FAX 1-866-659-3035 • [www.asiflex.com](http://www.asiflex.com)



## WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/

dependent child, or;

- a change in employment status which warrants the change.

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA,

not decreasing it. The change must be made within 63 days of the qualifying event.

## INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.
2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 24.
3. Use the “Electing a Medical FSA Amount” work sheet on page 25 to calculate your household’s predictable out-of-pocket medical, dental, and vision expenses for 2008.
4. Use the “How Much Money Should Go Into My Dependent Care FSA?” work sheet on page 25 to calculate your household’s predictable day care expenses for children and/or dependent parents.

5. If needed, consult your tax preparer about your specific tax situation.

6. Make your selection by completing the 2008 Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

**IMPORTANT!**  
You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is **not** automatic!

2008 Flexible  
Spending Account  
Enrollment/Change  
and Salary Reduction  
Form



## GENERAL INFORMATION

### HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

**WHAT'S THE CATCH?**  
Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

### Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

### Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation Of Benefits or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site.

### TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

## Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

## WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

## Qualifying Health Care Expenses

For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces
- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles



### CLICK ON IT!

ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

[www.asiflex.com](http://www.asiflex.com)

## Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Vitamins and herbs

## DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside

or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support.

Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

## Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

## Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)



## MEDICAL FSA WORKSHEETS

### ELECTING A MEDICAL FSA AMOUNT

This worksheet will help you decide an appropriate annual election for a Medical FSA. Estimate your total annual health care expenses for the 2008 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

	2007	Estimated 2008
<b>Insured Expenses</b>		
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

### Out-of-Pocket Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams/Hearing aids	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

**Total projected out-of-pocket expenses for 2008** \$ \_\_\_\_\_

**Total out-of-pocket expenses you are sure of and want to pay through a Medical FSA** \$ \_\_\_\_\_

### HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this worksheet to determine an appropriate Dependent Care FSA election.

Monthly Care Expenses	Estimated 2008
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>
	x 12

**Total Annual Estimated Care Expenses=\$\_\_\_\_\_**

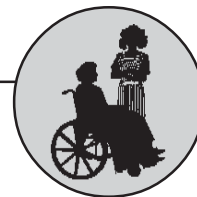
### IMPORTANT!

Please be sure this amount divides by 24 evenly (the number of deductions in the plan year).

# LONG TERM CARE INSURANCE - 2008

Provided by UNUM Life Insurance Company  
1-800-227-4165 • [www.unum.com/enroll/stateofmontana](http://www.unum.com/enroll/stateofmontana)

Unum LTC Enrollment  
Form



Options	Choices
Care Type	
Plan 1	• Facility ( <i>Nursing Home or Assisted Living</i> )
Plan 2	• Facility + Professional Home Care ( <i>Provided by a licensed home health organization</i> )
Plan 3	• Facility + Professional Home Care + Total Home Care ( <i>Care provided by anyone, including family members</i> )
Monthly Benefit	
Nursing Home	• \$1,000 - \$6,000
Assisted Living	• 60% of the selected nursing home amount
Home Care	• 50% of the selected nursing home amount
Duration	
3 year	• 3 years Nursing Home
6 year	• 6 years Nursing Home
Unlimited	• Unlimited Nursing Home
	• or 5 years Assisted Living
	• or 10 years Assisted Living
	• or Unlimited Assisted Living
	• or 6 years Home Care
	• or 12 years Home Care
	• or Unlimited Home Care
Inflation Protection	
Yes	• 5% compounded annually
No	• No protection

## GENERAL INFORMATION

### WHO IS ELIGIBLE?

Employees, retirees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

### INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 27 and 28.
4. If you would like to sign-up for the plan, complete the UNUM enrollment form and mail to the address on the form within 31 days of hire date to guarantee policy without medical underwriting.

### LONG TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

### Types of Care

**Plan 1:** Facility (Nursing Home or Assisted Living)

**Plan 2:** Facility plus Professional Home Care (provided by a licensed home health organization)

**Plan 3:** Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

### Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.
- Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount
- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

### Duration

**Three Year:** Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

**Six Years:** Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

**Unlimited:** Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

### Inflation Protection

**Yes:** An inflation protection of 5 percent will be compounded annually.

**No:** No inflation protection will be provided.

### GREAT NEWS!

Employees who mail enrollment form to UNUM within 31 days of hire are not subject to evidence of insurability and are guaranteed enrollment.

# LONG-TERM CARE INSURANCE RATES

For rates  
with Inflation  
Protection,  
see page 28

Rates shown are for a \$1,000 Monthly Facility Benefit.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

## PLAN 1

Long-Term Care Facility  
Non-forfeiture

## PLAN 2

Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

## PLAN 3

Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration		PLAN 1				PLAN 2				PLAN 3		
		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18 - 30	1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
	31	• 1.70	• 2.20	• 2.80	•	• 2.60	• 3.50	• 4.70	•	• 4.00	• 5.50	• 7.70
	32	• 1.70	• 2.20	• 2.90	•	• 2.60	• 3.60	• 4.90	•	• 4.10	• 5.60	• 7.90
	33	• 1.80	• 2.30	• 2.90	•	• 2.70	• 3.70	• 5.00	•	• 4.20	• 5.70	• 8.00
	34	• 1.80	• 2.30	• 3.00	•	• 2.80	• 3.70	• 5.10	•	• 4.30	• 5.80	• 8.20
	35	• 1.90	• 2.40	• 3.10	•	• 2.90	• 3.90	• 5.20	•	• 4.40	• 6.00	• 8.50
	36	• 1.90	• 2.60	• 3.20	•	• 2.90	• 4.00	• 5.40	•	• 4.50	• 6.20	• 8.70
	37	• 2.00	• 2.70	• 3.30	•	• 3.10	• 4.20	• 5.60	•	• 4.70	• 6.40	• 9.00
	38	• 2.10	• 2.80	• 3.40	•	• 3.20	• 4.30	• 5.80	•	• 4.90	• 6.70	• 9.30
	39	• 2.20	• 2.90	• 3.60	•	• 3.40	• 4.50	• 6.00	•	• 5.10	• 6.80	• 9.60
	40	• 2.30	• 3.00	• 3.80	•	• 3.50	• 4.60	• 6.20	•	• 5.20	• 7.10	• 10.00
	41	• 2.40	• 3.10	• 4.00	•	• 3.60	• 4.80	• 6.60	•	• 5.50	• 7.40	• 10.40
	42	• 2.50	• 3.30	• 4.00	•	• 3.80	• 5.00	• 6.70	•	• 5.70	• 7.70	• 10.70
	43	• 2.60	• 3.40	• 4.30	•	• 3.90	• 5.30	• 7.10	•	• 5.90	• 8.00	• 11.20
	44	• 2.70	• 3.60	• 4.50	•	• 4.10	• 5.50	• 7.40	•	• 6.20	• 8.40	• 11.80
	45	• 2.90	• 3.80	• 4.70	•	• 4.30	• 5.80	• 7.70	•	• 6.50	• 8.80	• 12.30
	46	• 3.00	• 4.00	• 5.00	•	• 4.50	• 6.10	• 8.10	•	• 6.80	• 9.30	• 12.90
	47	• 3.30	• 4.20	• 5.30	•	• 4.70	• 6.30	• 8.50	•	• 7.10	• 9.80	• 13.60
	48	• 3.40	• 4.50	• 5.60	•	• 4.90	• 6.70	• 8.80	•	• 7.50	• 10.30	• 14.30
	49	• 3.70	• 4.70	• 5.90	•	• 5.20	• 6.90	• 9.20	•	• 7.90	• 10.80	• 15.10
	50	• 3.90	• 5.10	• 6.30	•	• 5.40	• 7.30	• 9.70	•	• 8.30	• 11.40	• 16.00
	51	• 4.20	• 5.40	• 6.80	•	• 5.80	• 7.60	• 10.20	•	• 8.90	• 12.10	• 16.90
	52	• 4.50	• 5.80	• 7.20	•	• 6.10	• 8.10	• 10.80	•	• 9.50	• 12.90	• 18.00
	53	• 4.80	• 6.20	• 7.70	•	• 6.50	• 8.50	• 11.30	•	• 10.00	• 13.50	• 19.00
	54	• 5.10	• 6.60	• 8.20	•	• 6.80	• 9.00	• 11.90	•	• 10.50	• 14.30	• 20.10
	55	• 5.50	• 7.10	• 8.70	•	• 7.30	• 9.60	• 12.50	•	• 11.20	• 15.30	• 21.20
	56	• 6.00	• 7.70	• 9.50	•	• 7.70	• 10.20	• 13.40	•	• 11.90	• 16.30	• 22.80
	57	• 6.50	• 8.40	• 10.30	•	• 8.30	• 10.90	• 14.20	•	• 12.80	• 17.50	• 24.40
	58	• 7.10	• 9.10	• 11.20	•	• 8.90	• 11.70	• 15.20	•	• 13.60	• 18.70	• 26.10
	59	• 7.80	• 9.90	• 12.20	•	• 9.50	• 12.60	• 16.30	•	• 14.70	• 20.00	• 28.00
	60	• 8.50	• 10.80	• 13.30	•	• 10.30	• 13.40	• 17.40	•	• 15.70	• 21.40	• 30.00
	61	• 9.40	• 12.00	• 14.70	•	• 11.20	• 14.70	• 19.00	•	• 17.00	• 23.40	• 32.60
	62	• 10.50	• 13.30	• 16.20	•	• 12.30	• 16.00	• 20.50	•	• 18.40	• 25.20	• 35.20
	63	• 11.60	• 14.70	• 18.00	•	• 13.40	• 17.50	• 22.50	•	• 19.90	• 27.40	• 38.40
	64	• 12.90	• 16.40	• 19.90	•	• 14.80	• 19.20	• 24.50	•	• 21.70	• 29.90	• 41.70
	65	• 15.00	• 18.90	• 22.90	•	• 16.80	• 21.80	• 27.70	•	• 24.20	• 33.40	• 46.60
	66	• 16.60	• 20.90	• 25.40	•	• 18.50	• 24.00	• 30.40	•	• 26.10	• 36.10	• 50.50
	67	• 18.60	• 23.40	• 28.30	•	• 20.60	• 26.60	• 33.60	•	• 28.60	• 39.50	• 55.10
	68	• 20.70	• 25.90	• 31.40	•	• 22.80	• 29.40	• 37.20	•	• 31.20	• 43.10	• 60.10
	69	• 23.00	• 28.80	• 34.90	•	• 25.20	• 32.40	• 41.00	•	• 34.10	• 47.00	• 65.60
	70	• 25.70	• 32.00	• 38.70	•	• 28.00	• 35.90	• 45.30	•	• 37.20	• 51.40	• 71.50
	71	• 28.40	• 35.40	• 42.80	•	• 30.80	• 39.50	• 49.80	•	• 40.40	• 55.90	• 77.70
	72	• 31.60	• 39.40	• 47.50	•	• 34.20	• 43.80	• 55.00	•	• 44.20	• 61.20	• 84.90
	73	• 34.90	• 43.30	• 52.10	•	• 37.60	• 47.90	• 60.00	•	• 48.10	• 66.50	• 91.80
	74	• 38.80	• 48.00	• 57.60	•	• 41.50	• 53.00	• 66.10	•	• 52.60	• 72.70	• 100.00
	75	• 46.50	• 57.40	• 68.60	•	• 49.60	• 63.10	• 78.70	•	• 62.20	• 86.00	• 118.00
	76	• 51.20	• 63.30	• 75.90	•	• 54.50	• 69.40	• 86.40	•	• 67.60	• 93.60	• 128.40
	77	• 55.90	• 69.00	• 82.70	•	• 59.30	• 75.40	• 93.80	•	• 72.80	• 100.90	• 138.30
	78	• 61.50	• 75.80	• 90.70	•	• 65.00	• 82.60	• 102.60	•	• 79.20	• 109.80	• 150.20
	79	• 67.70	• 83.40	• 99.60	•	• 71.40	• 90.60	• 112.30	•	• 86.20	• 119.50	• 163.10
	80	• 74.60	• 91.60	• 109.30	•	• 78.40	• 99.30	• 122.90	•	• 93.80	• 130.00	• 177.10
	81	• 81.70	• 100.10	• 119.20	•	• 85.60	• 108.20	• 133.60	•	• 101.40	• 140.50	• 190.80
	82	• 90.80	• 111.10	• 132.00	•	• 95.00	• 119.80	• 147.50	•	• 111.70	• 154.60	• 209.20
	83	• 100.50	• 122.60	• 145.50	•	• 104.90	• 132.10	• 162.20	•	• 122.70	• 169.70	• 228.90
	84	• 109.90	• 133.80	• 158.30	•	• 114.60	• 143.90	• 176.10	•	• 133.20	• 184.20	• 247.10

# LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.  
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With  
Inflation  
Protection

## PLAN 1

Long-Term Care Facility  
Non-forfeiture

## PLAN 2

Long-Term Care Facility  
Non-forfeiture  
Professional Home Care

## PLAN 3

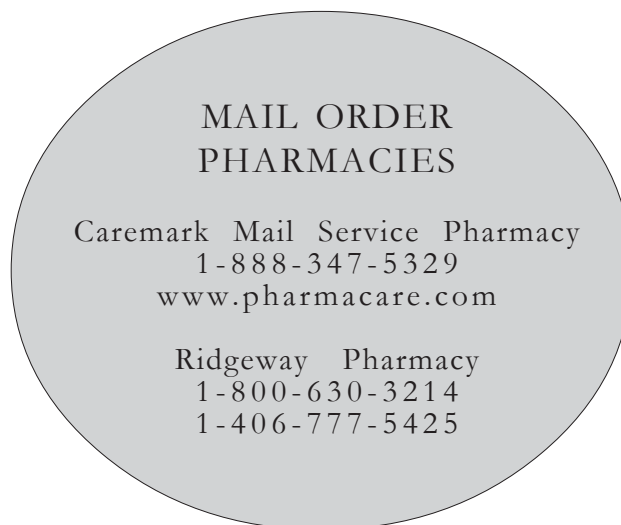
Long-Term Care Facility  
Non-forfeiture  
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age	18-30	6.00	7.80	10.00		8.20	10.90	14.60		11.50	15.40	21.50
31	•	6.10	8.10	10.20	•	8.30	11.20	14.90	•	11.70	15.90	22.00
32	•	6.20	8.20	10.60	•	8.50	11.40	15.40	•	12.00	16.20	22.50
33	•	6.50	8.60	10.80	•	8.70	11.80	15.70	•	12.20	16.60	23.00
34	•	6.60	8.70	11.00	•	9.00	12.00	16.00	•	12.50	17.00	23.40
35	•	6.90	9.00	11.40	•	9.30	12.40	16.40	•	12.90	17.50	24.10
36	•	7.00	9.20	11.70	•	9.50	12.70	16.90	•	13.20	17.90	24.60
37	•	7.20	9.60	12.00	•	9.70	13.10	17.40	•	13.50	18.40	25.30
38	•	7.50	9.90	12.40	•	10.10	13.50	17.80	•	14.00	19.00	26.00
39	•	7.70	10.00	12.70	•	10.40	13.70	18.20	•	14.30	19.30	26.50
40	•	7.90	10.40	13.00	•	10.60	14.10	18.70	•	14.60	19.80	27.30
41	•	8.20	10.60	13.50	•	10.90	14.50	19.30	•	15.10	20.30	28.00
42	•	8.40	10.90	13.70	•	11.20	14.90	19.60	•	15.40	20.80	28.60
43	•	8.60	11.30	14.10	•	11.50	15.30	20.20	•	15.90	21.40	29.40
44	•	9.00	11.70	14.60	•	11.90	15.90	20.80	•	16.40	22.10	30.30
45	•	9.20	11.90	14.90	•	12.30	16.20	21.30	•	16.80	22.60	31.00
46	•	9.60	12.50	15.50	•	12.60	16.80	22.00	•	17.30	23.40	32.10
47	•	9.90	12.80	16.10	•	12.90	17.10	22.50	•	17.90	24.10	33.10
48	•	10.20	13.20	16.60	•	13.20	17.50	23.10	•	18.40	24.90	34.20
49	•	10.70	13.80	17.10	•	13.70	18.10	23.60	•	19.10	25.70	35.20
50	•	11.00	14.20	17.80	•	14.00	18.50	24.30	•	19.60	26.50	36.50
51	•	11.50	14.80	18.50	•	14.60	19.20	25.10	•	20.50	27.60	38.00
52	•	12.10	15.50	19.30	•	15.10	19.90	25.90	•	21.30	28.70	39.40
53	•	12.40	16.00	19.90	•	15.40	20.30	26.60	•	21.90	29.60	40.80
54	•	12.90	16.70	20.80	•	15.90	21.10	27.40	•	22.60	30.70	42.20
55	•	13.80	17.70	21.90	•	16.70	21.90	28.30	•	23.50	31.70	43.30
56	•	14.50	18.60	23.00	•	17.40	22.80	29.40	•	24.50	33.10	45.20
57	•	15.30	19.60	24.20	•	18.30	23.80	30.80	•	25.80	34.70	47.60
58	•	16.20	20.80	25.60	•	19.10	25.00	32.10	•	26.90	36.40	49.90
59	•	17.10	21.90	26.90	•	20.00	26.10	33.60	•	28.20	38.10	52.30
60	•	18.30	23.10	28.40	•	21.10	27.30	35.00	•	29.60	40.00	54.80
61	•	19.70	25.20	30.80	•	22.50	29.40	37.50	•	31.50	42.80	58.70
62	•	21.40	27.10	33.00	•	24.20	31.30	39.70	•	33.50	45.50	62.30
63	•	22.90	29.10	35.50	•	25.70	33.30	42.30	•	35.50	48.30	66.30
64	•	25.00	31.60	38.40	•	27.80	35.90	45.20	•	38.00	51.70	70.80
65	•	28.10	35.50	43.00	•	30.90	39.80	50.00	•	41.70	56.80	77.80
66	•	30.40	38.30	46.40	•	33.10	42.70	53.70	•	44.20	60.30	82.80
67	•	33.20	41.80	50.50	•	36.10	46.40	58.20	•	47.60	65.10	89.10
68	•	35.90	45.20	54.60	•	38.90	50.00	62.70	•	50.80	69.40	95.10
69	•	39.20	48.90	59.20	•	42.30	54.00	67.80	•	54.60	74.40	102.20
70	•	42.30	52.90	64.00	•	45.50	58.20	73.10	•	58.20	79.60	109.30
71	•	46.10	57.50	69.30	•	49.40	63.10	78.90	•	62.40	85.50	117.10
72	•	50.20	62.70	75.50	•	53.70	68.50	85.60	•	67.20	92.10	125.90
73	•	54.10	67.10	80.80	•	57.70	73.40	91.40	•	71.80	98.20	134.00
74	•	59.00	73.00	87.60	•	62.60	79.60	98.80	•	77.20	105.60	143.70
75	•	69.20	85.60	102.50	•	73.30	93.00	115.30	•	89.70	122.70	166.50
76	•	75.30	93.00	111.50	•	79.50	100.80	125.00	•	96.40	132.10	179.20
77	•	80.60	99.40	119.10	•	84.80	107.50	133.30	•	102.00	139.90	189.70
78	•	87.40	107.70	128.80	•	91.80	116.10	143.70	•	109.50	150.10	203.20
79	•	94.10	115.80	138.50	•	98.70	124.80	154.20	•	117.00	160.70	217.20
80	•	102.20	125.60	149.80	•	106.90	135.00	166.50	•	125.80	172.70	233.10
81	•	110.20	135.10	161.00	•	115.10	145.00	178.50	•	134.40	184.40	248.40
82	•	120.80	147.70	175.60	•	125.80	158.20	194.40	•	146.00	200.30	269.00
83	•	131.70	160.70	190.70	•	137.00	172.00	210.70	•	158.40	217.20	290.70
84	•	141.70	172.70	204.20	•	147.30	184.60	225.30	•	169.40	232.60	309.90

# CAREMARK NETWORK PHARMACIES

CITY	PHARMACY
<b>Anaconda</b>	Community Hospital CVS Pharmacy Safeway Pharmacy Thrifty Drug Store
<b>Baker</b>	Baker Rexall Drug Company Lawler Drug
<b>Belgrade</b>	Albertson/Osco Pharmacy Lee & Dad's Pharmacy
<b>Big Sky</b>	Bozeman Deaconess Pharmacy
<b>Big Timber</b>	Cole Drug
<b>Bigfork</b>	Bigfork Drug
<b>Billings</b>	Albertson/Osco Pharmacy - Central Ave Albertson/Osco Pharmacy - Grand Ave Albertson/Osco Pharmacy - North 27th Albertson/Osco Pharmacy - Main St Billings Clinic Pharmacy Billings Health & Rehabilitation Center for Healthy Aging Pharmacy Community Health Center Pharmacy Costco Pharmacy CVS Pharmacy Deaconess Billings Clinic Aspen Deaconess Medical Center Pharmacy First Pharmacy Juro's United Drugs K Mart Pharmacy NCS Healthcare of Billings Osco Drug Pharmacy 1 Planned Parenthood of Montana Shopko Pharmacy Snyder Drug Store - Grand Snyder Drug Store - Main Snyder Drug Store - North 27th St. John's Pharmacy St. Vincent's Hospital Pharmacy Target Pharmacy Valley Health Care Center Walgreen Drug Store Wal-Mart Pharmacy - Main St Wal-Mart Pharmacy - King Ave Westpark Pharmacy
<b>Bozeman</b>	Albertson/Osco Pharmacy Costco Pharmacy CVS Pharmacy Highland Park Pharmacy K Mart Pharmacy Medical Arts Pharmacy Osco Drug Price Rite Drug Safeway Pharmacy Smith's Pharmacy Student Health Service Pharmacy Wal-Mart Pharmacy Western Drug

\*Network Pharmacies are subject to change



CITY	PHARMACY
<b>Broadus</b>	Larry's IGA Pharmacy
<b>Butte</b>	Butte CHC Pharmacy CVS Pharmacy Driscoll Drug K Mart Pharmacy Medical Arts Pharmacy Osco Drug Safeway Pharmacy St. James Community Hospital Three Bears Pharmacy Wal-Mart Pharmacy
<b>Chester</b>	Liberty Drug
<b>Chinook</b>	Chinook Pharmacy
<b>Choteau</b>	Choteau Drug Inc
<b>Columbia Falls</b>	Good Medicine Pharmacy Pamida Pharmacy Smith's Pharmacy
<b>Columbus</b>	Matovich IGA Discount Drug Snyder's Western Drug
<b>Conrad</b>	Olson's Drug Village Drug
<b>Corvallis</b>	Corvallis Drug Store
<b>Culbertson</b>	Culbertson Pharmacy
<b>Cut Bank</b>	Albertson/Osco Pharmacy DrugMart Pharmacy
<b>Deer Lodge</b>	Keystone Drug Safeway Pharmacy
<b>Dillon</b>	Mitchells Drug Safeway Pharmacy
<b>Ekalaka</b>	Dahl Memorial Hospital

# CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
<b>Ennis</b>	Ennis Pharmacy		CVS Pharmacy - N. Montana Ave CVS Pharmacy - Euclid Ave K Mart Pharmacy Planned Parenthood of MT Safeway Pharmacy Shopko Pharmacy Snyder Drug Store St. Peter's Pharmacy Wal-Mart Pharmacy
<b>Eureka</b>	Haines Drug	<b>Jordan</b>	Foster Jordan Drug
<b>Fairfield</b>	Fairfield Drug	<b>Kalispell</b>	Albertson/Osco Pharmacy Costco Pharmacy Evergreen Pharmacy K Mart Pharmacy Kalispell Regional Medical Center Medical Arts Pharmacy Montana Pharmaceutical Services Planned Parenthood Services Rosauers Pharmacy Shopko Pharmacy Smith's Pharmacy Stoick Drug Sykes Pharmacy Wal-Mart Pharmacy Walgreens Drug Store
<b>Fairview</b>	Mondak Pharmacy		
<b>Florence</b>	Florence Pharmacy North	<b>Laurel</b>	Gene's Pharmacy Price's Pharmacy Snyder Western Drug
<b>Forsyth</b>	Yellowstone Pharmacy	<b>Lewistown</b>	Albertson/Osco Pharmacy Lewistown Pharmacy Pamida Pharmacy Seiden Drug Co
<b>Fort Benton</b>	Benton Pharmacy	<b>Libby</b>	Center Drug Frank's Express Drug Libby Drug Rosauers Pharmacy
<b>Glasgow</b>	Fifth Avenue Pharmacy Pamida Pharmacy Valley Drug Company Western Drug of Glasgow	<b>Lincoln</b>	Lincoln Pharmacy
<b>Glendive</b>	Albertson/Osco Pharmacy F&G Pharmacy Gabert Clinic Pharmacy	<b>Livingston</b>	Albertson/Osco Pharmacy Pamida Pharmacy Western Drug of Livingston
<b>Great Falls</b>	Albertson/Osco Pharmacy Albertson Pharmacy Anderson Family Pharmacy Apothecary Drug Store Clinic United Drugs CVS Pharmacy K Mart Pharmacy Osco Drug Pharmerica Planned Parenthood of MT Plaza United Drugs Public Drug Sam's Pharmacy Shopko Pharmacy Smith's Pharmacy Snyder Drugs Spectrum Pharmacy Walgreen Drug Store Wal-Mart Pharmacy	<b>Lolo</b>	Lolo Drug
<b>Hamilton</b>	Albertson/Osco Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus Timber Ridge Pharmacy	<b>Malta</b>	Valley Drug Company
<b>Hardin</b>	Pharmacare Pharmacy	<b>Miles City</b>	Albertson/Osco Pharmacy Big Sky Pharmacy Holy Rosary Healthcare Pharmacy Osco Drug Wal-Mart Pharmacy
<b>Harlowton</b>	Wheatland Memorial Pharmacy	<b>Missoula</b>	A & C Drug Albertson/Osco Pharmacy - Oxford St Albertson/Osco Pharmacy - Reserve St Albertson/Osco Pharmacy - Russell St Broadway Pharmacy
<b>Havre</b>	Albertson/Osco Pharmacy K Mart Pharmacy Northern MT Pharmacy Wal-Mart Pharmacy Western Drug Pharmacy		
<b>Helena</b>	Albertson Pharmacy Bergum South Pharmacy Costco Pharmacy		

# CAREMARK NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
	Costco Pharmacy		
	CVS Pharmacy		
	East Gate Drug		
	Garden City Pharmacy		
	Hillside Manor Pharmacy		
	K Mart Pharmacy		
	Oscor Drug		
	Palmer's Drug		
	Partnership Health Center		
	Planned Parenthood of MT		
	Riverside Health Care Pharmacy		
	Rosauers Pharmacy		
	Safeway Pharmacy - Reserve St		
	Safeway Pharmacy - Broadway St		
	Savmor Drug		
	Shopko Pharmacy		
	Student Health Service Pharmacy		
	Tidymans Pharmacy		
	Village Health Care Center		
	Wal-Mart Pharmacy - Mullan Rd		
	Wal-Mart Pharmacy - Hwy 93		
	Walgreens Drug Store		
<b>Philipsburg</b>	Granite County Hospital Pharmacy		
<b>Plains</b>	Plains Drug		
<b>Plentywood</b>	Plentywood Drug		
<b>Polson</b>	Healthcare Plus Pharmacy		
	Safeway Pharmacy		
	St. Joseph Retail Pharmacy		
	Wal-Mart Pharmacy		
<b>Poplar</b>	Poplar Pharmacy		
<b>Red Lodge</b>	Beartooth Pharmacy United Drugs		
	Red Lodge Drug Company		
<b>Ronan</b>	Family Health Pharmacy		
	R & R Health Care Solutions		
<b>Roundup</b>	Jorgenson Pharmacy		
<b>Scoby</b>	Service Drug Inc		
<b>Seeley Lake</b>	Healthcare Plus		
	Seeley Lake Pharmacy		
<b>Shelby</b>	Pamida Pharmacy		
	Wells Drugs		
<b>Sidney</b>	Pamida Pharmacy		
	Sidney Health Center		
	White Drug		
<b>St. Ignatius</b>	Mission Drug		
<b>Stevensville</b>	Family Pharmacy		
	Ridgeway Pharmacy		
	Valley Drug & Variety		
		<b>Superior</b>	Mineral Pharmacy
		<b>Thompson Falls</b>	Doug's Drug
		<b>Three Forks</b>	Three Forks Medical Arts Pharmacy
		<b>Townsend</b>	Townsend Drug
		<b>Troy</b>	Kootenai Drug
		<b>Twin Bridges</b>	Mac's CHC Pharmacy
			McAlear Pharmacy
		<b>Warm Springs</b>	McKesson medication Mgt
		<b>West Yellowstone</b>	Yellowstone Family Pharmacy
		<b>White Sulphur Spg</b>	Castle Mountain Drug
		<b>Whitefish</b>	Good Medicine Pharmacy
			Haines Medical Pharmacy
			Haines Public Drug
			Safeway Pharmacy
		<b>Whitehall</b>	Whitehall Drug
		<b>Wolf Point</b>	Chief Redstone Health Clinic Pharmacy
			Gillette Pharmacy



# BLUE CHOICE MANAGED CARE AREAS

City	Zip Code	City	Zip Code	City	Zip Code	City	Zip Code
Absarokee	59001	• Divide	59727	• Joplin	59531	• Proctor	59929
Acton	59002	• Dixon	59831	• Judith Gap	59453	• Pryor	59066
Alberton	59820	• Drummond	59832	• Kalispell	59901	• Ramsay	59748
Alder	59710	• Dupuyer	59432	•	59902	• Ravalli	59863
Anaconda	59711	• Dutton	59433	•	59903	• Raynesford	59469
Arlee	59821	• East Helena	59635	•	59904	• Red Lodge	59068
Augusta	59410	• East Missoula	59801	• Kevin	59454	• Rexford	59930
Avon	59713	• Edgar	59026	• Kila	59920	• Ringling	59642
Ballantine	59006	• Elliston	59728	• Kremlin	59532	• Roberts	59070
Basin	59631	• Elmo	59915	• Lake McDonald	59921	• Rollins	59931
Bearcreek	59007	• Emigrant	59027	• Lakeside	59922	• Ronan	59864
Belfry	59008	• Ennis	59729	• Laurel	59044	• Roscoe	59071
Belgrade	59714	• Ethridge	59435	• Lavina	59046	• Roundup	59072
Belt	59412	• Eureka	59917	• Ledger	59456	• Rudyard	59540
Big Arm	59910	• Fairfield	59436	• Lima	59739	• Ryegate	59074
Bigfork	59911	• Fishtail	59028	• Lincoln	59639	• Saltese	59867
Big Sky	59716	• Florence	59833	• Livingston	59047	• Sand Coulee	59472
Billings	59101-59108	• Floweree	59440	• Lloyd	59535	• Sand Springs	59077
	59111-59112	• Fort Benton	59442	• Lodge Grass	59050	• Santa Rita	59473
	59114-59117	• Fort Harrison	59636	• Lolo	59847	• Seeley Lake	59868
Black Eagle	59414	• Fort Shaw	59443	• Loma	59460	• Shawmut	59078
Bonner	59823	• Fortine	59918	• Lonepine	59848	• Shelby	59474
Boulder	59632	• Frenchtown	59834	• Lothair	59461	• Shepherd	59079
Box Elder	59521	• Fromberg	59029	• Manhattan	59741	• Sheridan	59749
Boyd	59013	• Galata	59444	• Marion	59925	• Silver Star	59751
Bozeman	59715	• Gallatin Gateway	59730	• Martin City	59926	• Silver Bow	59750
	59717-59719	• Garneill	59445	• Martinsdale	59053	• Simms	59477
	59771-59773	• Garrison	59731	• Marysville	59640	• Somers	59932
Brady	59416	• Garryowen	59031	• McAllister	59740	• Springdale	59082
Bridger	59014	• Geraldine	59446	• McLeod	59052	• St. Ignatius	59865
Broadview	59015	• Geyser	59447	• Melrose	59743	• St. Regis	59866
Buffalo	59418	• Gildford	59525	• Melville	59055	• St. Xavier	59075
Butte	59701	• Glen	59732	• Milltown	59851	• Stevensville	59870
	59702	• Gold Creek	59733	• Missoula	59801	• Stockett	59480
	59703	• Grantsdale	59835	•	59802	• Styker	59933
	59707	• Great Falls	59401	•	59803	• Sula	59871
Bynum	59419	•	59402	•	59804	• Sun River	59483
Canyon Creek	59633	•	59403	•	59806	• Sunburst	59482
Cardwell	59721	•	59404	•	59807	• Superior	59872
Carter	59420	•	59405	•	59808	• Swan Lake	59911
Cascade	59421	•	59406	•	59812	• Thompson Falls	59873
Charlo	59824	• Greenough	59836	• Molt	59057	• Three Forks	59752
Chester	59522	• Hamilton	59840	• Monarch	59463	• Trego	59934
Chinook	59523	• Hardin	59034	• Musselshell	59059	• Trout Creek	59874
Choteau	59422	• Harlowton	59036	• Neihart	59465	• Twin Bridges	59754
Clancy	59634	• Harrison	59735	• Norris	59745	• Two Dot	59085
Clinton	59825	• Haugen	59842	• Noxon	59853	• Ulm	59485
Clyde Park	59018	• Havre	59501	• Oilmont	59466	• Valier	59486
Columbia Falls	59912	• Helena	59601-59602	• Olney	59927	• Vaughn	59487
Condon	59826	•	59604	• Ovando	59854	• Victor	59875
Conner	59827	•	59620	• Pablo	59855	• Virginia City	59755
Conrad	59425	•	59623-59626	• Paradise	59856	• Warm Springs	59756
Coram	59913	• Helmville	59843	• Park City	59063	• West Glacier	59936
Corvallis	59828	• Heron	59844	• Pendroy	59467	• White Splhr Sprgs	59645
Creston	59902	• Highwood	59450	• Philipsburg	59858	• Whitefish	59937
Crow Agency	59022	• Hingham	59528	• Pinesdale	59841	• Whitehall	59759
Custer	59024	• Hot Springs	59845	• Plains	59859	• Whitelash	59545
Cut Bank	59427	• Hungry Horse	59919	• Polaris	59746	• Wilsall	59086
Darby	59829	• Huntley	59037	• Pole Bridge	59928	• Winston	59647
Dayton	59914	• Huson	59846	• Polson	59860	• Wisdom	59761
DeBorgia	59830	• Inverness	59530	• Pompeys Pillar	59064	• Wise River	59762
Deer Lodge	59722	• Jackson	59736	• Pony	59747	• Wolf Creek	59648
Dell	59724	• Jefferson City	59638	• Power	59468	• Worden	59088
Dillon	59725	• Joliet	59041	• Pray	59065	• Zurich	59547
		•		•			



# NEW WEST MANAGED CARE AREAS

City	Zip Code	•	City	Zip Code	•	City	Zip Code	•	City	Zip Code
Absarokee	59001	•	Drummond	59832	•	Lavina	59046	•	Saint Regis	59866
Acton	59002	•	Dupuyer	59432	•	Ledger	59456	•	Saint Xavier	59075
Alberton	59820	•	Dutton	59433	•	Lewistown	59457	•	Sand Coulee	59472
Alder	59710	•	East Helena	59635	•	Libby	59923	•	Sanders	59076
Anaconda	59711	•	Edgar	59026	•	Livingston	59047	•	Shawmut	59078
Angela	59312	•	Elliston	59728	•	Lloyd	59535	•	Shelby	59474
Arlee	59821	•	Elmo	59915	•	Lodge Grass	59050	•	Shepherd	59079
Augusta	59410	•	Emigrant	59027	•	Lolo	59847	•	Silver Star	59751
Avon	59713	•	Ethridge	59435	•	Loma	59460	•	Simms	59477
Ballantine	59006	•	Fairfield	59436	•	Lonepine	59848	•	Somers	59932
Basin	59631	•	Fallon	59326	•	Loring	59537	•	Springdale	59082
Bearcreek	59007	•	Fishtail	59028	•	Malta	59538	•	Stevensville	59870
Belfry	59008	•	Florence	59833	•	Manhattan	59741	•	Stockett	59480
Belgrade	59714	•	Forest Grove	59441	•	Marion	59925	•	Stryker	59933
Belt	59412	•	Forsyth	59327	•	Martin City	59926	•	Sula	59871
Big Arm	59910	•	Fort Harrison	59636	•	Martinsdale	59053	•	Sun River	59483
Big Sandy	59520	•	Fort Shaw	59443	•	Marysville	59640	•	Sunburst	59482
Big Sky	59716	•	Frenchtown	59834	•	McLeod	59052	•	Superior	59872
Big Timber	59011	•	Fromberg	59029	•	Melville	59055	•	Terry	59349
Bigfork	59911	•	Galata	59444	•	Mildred	59341	•	Thompson Falls	59873
Billings	59101-59108	•	Gallatin Gateway	59730	•	Miles City	59301	•	Three Forks	59752
	59111-59117	•	Garneil	59445	•	Milltown	59851	•	Toston	59643
Black Eagle	59414	•	Garrison	59731	•	Missoula	59801-59808	•	Townsend	59644
Bonner	59823	•	Garryowen	59031	•		59812	•	Troy	59935
Boulder	59632	•	Gildford	59525	•	Moccasin	59462	•	Twin Bridges	59754
Box Elder	59521	•	Glen	59732	•	Molt	59057	•	Two Dot	59085
Boyd	59013	•	Gold Creek	59733	•	Moore	59464	•	Ulm	59485
Bozeman	59715-59719	•	Grantsdale	59835	•	Musselshell	59059	•	Vaughn	59487
	59771-59773	•	Grass Range	59032	•	Neihart	59465	•	Victor	59875
Bridger	59014	•	Great Falls	59401-59406	•	Noxon	59853	•	Warm Springs	59756
Broadview	59015	•	Greenough	59836	•	Oilmont	59466	•	West Glacier	59936
Brusett	59318	•	Hall	59837	•	Pablo	59855	•	Whitefish	59937
Buffalo	59418	•	Hamilton	59840	•	Paradise	59856	•	White Sulphur Spgs	59645
Butte	59701-59703	•	Hardin	59034	•	Park City	59063	•	Whitehall	59759
	59707	•	Harlowton	59036	•	Philipsburg	59858	•	Whitewater	59544
	59750	•	Hathaway	59333	•	Pinesdale	59841	•	Wilsall	59068
Canyon Creek	59633	•	Havre	59501	•	Plains	59859	•	Winston	59647
Cardwell	59721	•	Helena	59601-59602	•	Polaris	59746	•	Wolf Creek	59648
Cascade	59421	•		59604	•	Polebridge	59928	•	Worden	59088
Charlo	59824	•		59620	•	Polson	59860	•	Zurich	59547
Chester	59522	•	Heron	59844	•	Pompeys Pillar	59064	•		
Chinook	59523	•	Hilger	59451	•	Power	59468	•		
Choteau	59422	•	Hingham	59528	•	Pray	59065	•		
Clancy	59634	•	Hobson	59452	•	Proctor	59929	•		
Clinton	59825	•	Hot Springs	59845	•	Pryor	59066	•		
Clyde Park	59018	•	Hungry Horse	59919	•	Radersburg	59641	•		
Cohagen	59322	•	Huntley	59037	•	Ramsay	59748	•		
Colstrip	59323	•	Huson	59846	•	Rapelje	59067	•		
Columbia Falls	59912	•	Hysham	59038	•	Ravalli	59863	•		
Columbus	59019	•	Inverness	59530	•	Raynesford	59469	•		
Condon	59826	•	Jefferson City	59638	•	Red Lodge	59068	•		
Coram	59913	•	Joliet	59041	•	Reed Point	59069	•		
Corvallis	59828	•	Joplin	59531	•	Ringling	59642	•		
Crow Agency	59022	•	Jordan	59337	•	Roberts	59070	•		
Custer	59024	•	Judith Gap	59453	•	Rollins	59931	•		
Darby	59829	•	Kalipsell	59901-59904	•	Ronan	59864	•		
Dayton	59914	•	Kevin	59454	•	Roscoe	59071	•		
Deer Lodge	59722	•	Kila	59920	•	Rosebud	59347	•		
Denton	59430	•	Kinsey	59338	•	Roundup	59072	•		
Dillon	59725	•	Kremlin	59532	•	Roy	59471	•		
Divide	59727	•	Lake McDonald	59921	•	Rudyard	59540	•		
Dixon	59831	•	Lakeside	59922	•	Ryegate	59074	•		
Dodson	59524	•	Laurel	59044	•	Saco	59261	•		
		•			•	Saint Ignatius	59865	•		

## PEAK HEALTH AREAS

City	Zip Code
Acton	59002
Anaconda	59711
Ballantine	59006
Bearcreek	59007
Belfry	59008
Bighorn	59010
Billings	59101
	59102
	59103
	59104
	59105
	59106
	59107
	59108
	59111
	59112
	59114
	59115
	59116
	59117
Boyd	59013
Bridger	59014
Broadview	59015
Busby	59016
Butte	59701
	59702
	59703
	59707
	59750
Cardwell	59721
Colstrip	59323
Crow Agency	59022
Custer	59024
Decker	59025
Deer Lodge	59722
Divide	59727
Edgar	59026
Forsyth	59327
Fromberg	59029
Garrison	59731
Garryowen	59031
Gold Creek	59733
Hardin	59034
Huntley	59037
Hysham	59038
Joliet	59041
Lame Deer	59043
Lavina	59046
Melrose	59743
Ramsay	59748
Rosebud	59347
Rygate	59074
Sanders	59076
Shepherd	59079
Warm Springs	59756
Whitehall	59759
Worden	59088
Wyola	59089
Yellowtail	59035

## PARTICIPATING FACILITIES - TRADITIONAL PLAN

Preferred	20%	Coinsurance	:	
Anaconda	Community Hospital of Anaconda	:	Kalispell	Heathcenter Northwest
Baker	Fallon Medical Complex	:		Kalispell Regional Medical Center
Big Sandy	Big Sandy Medical Center	:		Orthopedica Surgery Center
Big Timber	Pioneer Medical Center	:	Lewistown	Central Montana Medical Center
Billings	Billings Cataract and Laser Surgicenter	:	Libby	St. John’s Lutheran Hospital
	Billings Clinic	:	Livingston	Livingston Memorial Hospital
	Health South Surgery Center	:	Malta	Phillips County Medical Center
	LaGreca Eye Clinic/Surgicenter	:	Miles City	Holy Rosary Healthcare
	St. Vincent’s Healthcare	:	Missoula	Big Sky Surgery Center
	Yellowstone Surgery Center	:		Community Medical Center
Bozeman	Bozeman Deaconess Hospital	:		Missoula Bone & Joint Surgery Center
	Rocky Mountain Surgical Center	:		Providence Surgery Center
	Same Day Surgery Center	:		St. Patrick’s Hospital & Health Sciences
Butte	St. James Healthcare	:	Philipsburg	Granite County Medical Center
	Summit Surgery Center	:	Plains	Clark Fork Valley Hospital
Chester	Liberty County Hospital	:	Plentywood	Sheridan Memorial Hospital
Choteau	Teton Medical Center	:	Polson	St. Joseph Hospital
Circle	McCone County Health Center	:	Poplar	Poplar Community Hospital
Columbus	Stillwater Community Hospital	:	Red Lodge	Beartooth Hospital and Health Center
Conrad	Pondera Medical Center	:	Ronan	St. Luke Community Hospital
Culbertson	Roosevelt Memorial Medical Center	:	Roundup	Roundup Memorial Hospital
Cut Bank	Northern Rockies Medical Center	:	Scobey	Daniels Memorial Hospital
Deer Lodge	Powell County Memorial Hospital	:	Shelby	Marias Medical Center
Dillon	Barrett Hospital and Health Care	:	Sheridan	Ruby Valley Hospital
Ennis	Madison Valley Hospital	:	Sidney	Sidney Health Center
Forsyth	Rosebud Health Care Center	:	Superior	Mineral County Hospital
Fort Benton	Missouri River Medical Center	:	Terry	Prairie Community CAH
Glasgow	Frances Mahon Deaconess Hospital	:	Townsend	Broadwater Health Center
Glendive	Glendive Mdical Center	:	Whitefish	North Valley Hospital
Great Falls	Benefis Health Care	:	White Sulphur	Mountainview Medical Center
	Central Montana Surgical Hospital	:	Springs	
	Great Falls Clinic Surgery Center	:	Wolf Point	Northeast Montana Health Services
	Pacific Cataract and Laser Institute	:		
Hamilton	Marcus Daly Memorial Hospital	:	Non-Preferred 35% Coinsurance	
Hardin	Big Horn County Memorial Hospital	:	Ekalaka	Dahl Memorial Healthcare
Harlowton	Wheatland Memorial Hospital	:	Helena	Shodair Hospital
Havre	Northern Montana Hospital	:	Jordan	Garfield County Health Center
Helena	Helena Surgicenter	:		
	St. Peter’s Hospital	:	All Other	25% Coinsurance
		:		

# PARTICIPATING HOSPITALS - MANAGED CARE PLANS

## BLUE CHOICE

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Conrad	Pondera Medical Center
Dillon	Barrett Hospital & Healthcare
Ennis	Madison Valley Hospital
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
	Central Montana Surgical Hospital
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Kalispell	HealthCenter Northwest
	Kalispell Regional Medical Center
Livingston	Livingston Memorial Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick Hospital and Health Sciences
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital & Health Center
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Superior	Mineral Community Hospital
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital

## PEAK HEALTH

City	Hospital
Anaconda	Community Hospital of Anaconda
Billings	St. Vincent Healthcare
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Forsyth	Rosebud Health Care Center
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Red Lodge	Beartooth Hospital and Health Center

## NEW WEST HEALTH PLAN

City	Hospital
Anaconda	Community Hospital of Anaconda
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Billings Clinic Hospital
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Healthcare
Chester	Liberty County Memorial
Chinook	Sweet Medical Center
Choteau	Teton Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Hospital & Healthcare
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	Shodair Hospital
	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran Hospital
Livingston	Livingston Memorial Hospital
Malta	Phillips County Hospital
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick Hospital and Health Sciences Center
Phillipsburg	Granite County Medical Center Hospital
Plains	Clark Fork Valley Hospital
Polson	St. Joseph Hospital
Red Lodge	Beartooth Hospital Health
Ronan	St. Luke Community Hospital
Roundup	Roundup Memorial Hospital
Shelby	Marias Medical Center
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prairie Community Health Center
Townsend	Broadwater Health Center
White Sulphur Springs	Mountainview Medical Center
Whitefish	North Valley Hospital



## RESOURCES



HEALTH CARE AND BENEFITS DIVISION  
1-800-287-8266 or 444-7462 in Helena  
email: [benefitsquestions@mt.gov](mailto:benefitsquestions@mt.gov)  
[www.benefits.mt.gov](http://www.benefits.mt.gov)

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General benefits information and contacts

BLUE CROSS AND BLUE SHIELD OF MONTANA  
1-800-423-0805 or 444-8315 in Helena  
[www.bluecrossmontana.com](http://www.bluecrossmontana.com)

NEW WEST HEALTH PLAN  
1-800-290-3657 or 457-2200 in Helena  
[www.newwesthealth.com](http://www.newwesthealth.com)

PEAK HEALTH PLAN  
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)  
Provider Network: 1-888-256-6556  
Prior authorization/Pre-certification: 1-866-275-7646  
[www.healthinfonetmt.com](http://www.healthinfonetmt.com)

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Medical plans customer service and claims processing questions

CAREMARK  
1-888-347-5329  
[www.pharmacare.com](http://www.pharmacare.com)

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Prescription drug refills, customer service, prior authorizations, and quantity overrides

RELIANT BEHAVIORAL HEALTH (RBH)  
1-866-750-0512  
[www.ReliantBH.com](http://www.ReliantBH.com)

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EAP Services, counseling appointments & referrals, legal & financial resources, maternity services

ASI  
1-800-659-3035  
FAX: 1-573-874-0425  
[www.asiflex.com](http://www.asiflex.com)

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Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules

EYEMED VISION CARE  
1-866-723-0513  
[www.enrollwitheyemed.com/access](http://www.enrollwitheyemed.com/access) (prior to enrollment)  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) (after enrollment)

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Eye exam, related services, and benefits

UNUM LIFE INSURANCE COMPANY  
1-800-227-4165  
[www.unum.com/enroll/stateofmontana](http://www.unum.com/enroll/stateofmontana)

Long-term care claims and information